



**BOARD OF TRUSTEES
JUNE MEETING MINUTES
WEDNESDAY, JUNE 30, 2021 4:00 P.M.**

MEMBERS PRESENT: David Smith, Andrea Mellinger, Shirley Coulter, Joe Wright, Kevin Bailey, and Gene Davis
MEMBERS ABSENT: Dr. Timothy Scott
OTHERS PRESENT: Mike McCafferty, Dr. John Addlesperger, Dr. Shaun Gonda, Barb Hespen, Nathan Stutte, Amy Ligocki, Cody Sinclair, Ada Kirven, Jenifer Shassetz, Ron Mischke, Beth Bailey, Richard Garber, Dr. Doughty, Rob Forister, and Jasmine Slater

CALL MEETING TO ORDER

David Smith, Chairman, called the meeting to order at 4:00 p.m. The board is meeting in person, practicing social distancing and mask usage. The conference line is open for all others to attend via phone due to Covid-19.

PUBLIC COMMENTS, INTRODUCTIONS

There are no introductions and no one from the media made their presence known.

APPROVAL OF AGENDA AND MINUTES

The June board meeting agenda was reviewed. Kevin Bailey moved to approve the agenda as presented. Andrea Mellinger seconded the motion. Motion carried.

The May board meeting minutes from Wednesday, May 26, 2021 were presented and Joe Wright motioned to approve the minutes as presented. Gene Davis seconded the motion. Motion carried.

The minutes from the special Board of Trustee meeting held on June 1, 2021 relevant to the TCU project funding were presented for review and approval. Andrea Mellinger moved to approve the minutes as presented. Shirley Coulter seconded the motion. Motion carried.

QUALITY COMMITTEE REPORT

Barb Hespen on behalf of the Quality Committee states that the committee reviewed various quality data. Blood Transfusion Reaction rates are 100% compliant. The lab provided an update of the blood bank services such as cross-matched blood to transfusion rate and destroyed blood. There are no concerning trends to address. Restraint and seclusion information was reviewed and we are 100% compliant with the CMS requirements. Quality measures for prenatal care is above national average; this is the same for sepsis measures. The Quality Committee reviewed and approved the Utilization Management Plan for the year. The plan will be brought before the full board at the July meeting for their approval.

MEDICAL STAFF REPORT

Credentialing to be done in Executive Session.

Dr. Gonda, on behalf of the Credentials Committee and the Medical Executive Committee presented the following physicians for re-credentialing. There are no issues or red flags with the recommendation for the medical staff renewals.

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MEDICAL STAFF RENEWALS (ACTION)

Name	Category	Specialty	Renewal Date	Affiliated Organization
Christopher Prior, DO	Active Staff	Medicine	7/31/2023	SMH Internal Medicine
Steve Rabon, DPM	Non-Member LIP-Podiatrist	Podiatry	7/27/2023	Sheridan Orthopedic Associates
Michael Sanderson, MD	Active Staff	Pediatrician	7/31/2023	Northeast WY Pediatric Associates

Joe Wright moved to approve the medical staff renewals as presented. Andrea Mellinger seconded the motion. Motion carried.

ADMINISTRATION REPORT

Mike introduced Beth Bailey, spouse of trustee Kevin Bailey. This is the final day that Kevin will be a trustee, having served ten years on the Sheridan Memorial Hospital Board of Trustees and serving on the Foundation Board prior to that. Kevin has provided outstanding leadership, and Mike has benefited from his steady, calm mentorship. Kevin has put in a lot of time to Sheridan Memorial Hospital. The community does not know of Kevin’s commitment as Chair of the board, serving on the Building Committee, Finance Committee and the Foundation. We are thankful for his leadership in moving us in the right direction. Mike also extended his thanks to Beth for allowing Kevin to spend so much of his time with us.

Kevin stated that healthcare is incredibly important for the community and he thanked the hospital staff for all of their efforts to providing the services we offer.

Mike introduced Ron Mischke and Jenifer Shassetz. These two community members made application to the county to be on the board, and having gone through the interview process, have been appointed by the Sheridan County Commissioners for a five-year term to serve on the Sheridan Memorial Hospital Board of Trustees, effective July 2021.

COVID-19 and Immunization Update – there will be a celebration of the vaccination clinic today, to let staff know of our appreciation for their efforts, in ramping things up quickly and in a spartan operation to serve the community with a need. The clinic made a solid impact in immunizing a huge population, showing what good looks like and adding value to our customers. The processes implemented to take care of people efficiently is what we strive to do at every level in our business. Dr. Addlesperger and Lekan Ajayi were integral in the set-up of the Covid-19 Clinic and thanks are extended to them. Over 6,000 people in Sheridan County have received both doses; 31 people have died in the county from Covid-19 out of 3,000 cases. With the new variant spreading, the numbers can change. Dr. Addlesperger states that he appreciates the community effort to come forward for vaccinations. There are currently two known active cases of Covid-19 in the county. We continue to hope for the best and plan for contingencies as the virus could continue to spread. We are ready for what will come our way.

Management for Daily Improvement - MDI is a mechanism in which our organization can implement visual management strategies and facilitate key performance indicators at the ground level with day-to-day employee activities. We also use this strategic deployment at a high level, in which officers can weigh in on the execution and deployment of leadership standard work.

Tiered Huddle System - The tiered huddle system lends traction in the hospital and provides a consistent method to

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communicate and escalate issues up the chain as needed. Based on standard work the huddles identify Safety, Methods, Equipment, Supplies, and Staffing (SMESS). There are currently 48 huddles boards across the organization. Tier I huddles consist of problem solving at the unit level. If a problem cannot be solved at this level, it is deployed to Tier II; Tier II is the department manager/director level. If problems cannot be solved at either of these two levels, it is then deployed to Tier III, consisting of directors and officers. The tiered huddle system provides focus on what needs to be taken care of and improved on in an effective manner, identifying trends in real time and solving issues across departments. MDI connects with strategic priorities and to the quality of care a patient receives. There is alignment and opportunities for process improvements, translating of our strategic goals in changing behaviors to get different results. The cultural elements of the huddles brings in engagement of the team, showing respect of each other by asking for opinions and enabling staff to help solve problems. One of the key principals is to lead with humility.

Cody Sinclair indicated that this methodology was utilized in Incident Command, when we were dealing with the onset of Covid-19 in our community. This allowed for improved communication within the organization and the engagement of a broad number of people.

Mike would like to see a broad level of engagement bringing together a board committee focused on the patient experience. This will keep us sharp at all levels, including the governance level (board of trustees). This is an important aspect of the hospital's performance as a whole. This newly formed Patient Experience Committee will be separate from the Quality Committee.

The board had questions on current contract labor. We have seen a decline in utilization of contract labor as we have created a culture where people want to be at SMH. There are concerns about recruitment and lack of affordable housing in the area, so we continue to evaluate wages and cost of living. We have hired new graduates in the nursing program who are currently residing in the county, resulting in overstaffing, but knowing that we may lose staff in the coming year. Nursing leadership continues to watch their departments, encouraging cross training of units in order to float nursing where there may be a shortage. Attention is on the surgery department as well, as this is a difficult area to recruit.

Slate of Officers – Shirley Coulter brought forth the proposed Slate of Officers for consideration for the FY2021-2022 term.

Shirley Coulter as Chairwoman
David Smith as Vice Chairman
Gene Davis as Treasurer
Andrea Mellinger as Secretary

Kevin Bailey moved to approve the officers as proposed. Gene Davis seconded the motion. Motion carried.

FINANCE

Nathan Stutte, Chief Financial Officer states that SMH repaid the Medicare advanced monies that we received during the pandemic, which lessened our cash on hand. The Cares Act deferral was also caught up. We now have 51 days of cash on hand, but will get this built back up. The payer mix is steady and we had a positive improvement with uninsured patients in May. In reviewing year over year data, the biggest change was the increased usage by the VA. The process improvement in capturing patient demographics in the Emergency Department has had a positive impact on our uninsured rates. The Welch Cancer Center (WCC) continues to see growth with a spike in radiation patients. The WCC remained busy during the pandemic.

FY2022 Operational Budget – Nathan Stutte, CFO states there is an upward trend in bad debt and medical

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assistance. We are not anticipating patient growth in the hospital but there will be some growth in Imaging, Surgery, the Emergency Department, and the Lab. There is an increase in business levels with continued testing and clinic volumes. This is expected to continue into 2022. There is growth at the WCC, with revenue to outpace the previous year. The addition of Dr. Lucas working alongside Dr. Ratterman has increased the volume of patients at the WCC. With the tremendous growth of the WCC, SMH has collaborated with Adaptis Oncology, a cancer center specialist to ensure we are optimizing every aspect of the operation. Nathan is projecting an operating loss for SMH, and a mitigation strategy is being worked on. Gene Davis on behalf of the Finance Committee, proposed approval of the Operational Budget for FY2022. Andrea Mellinger seconded the motion. Motion carried.

FY2022 Capital Budget - The projection for \$1.9M in routine capital and \$400K in discretionary funds for FY2022 is proposed. Gene Davis motioned to approve the FY2022 Capital Budget. Shirley Coulter seconded the motion. Motion carried.

FOUNDATION REPORT

Cody Sinclair states he is excited to attend the board meeting, as the Foundation has some great news to share. With the support of our community and the leadership of Ada Kirven, Dr. Doughty and Richard Garber, the Foundation has met the \$4.4M goal in support of the Transitional Care Unit project! We are fortunate to have major donors and local foundations to support our work. Cody shared with the board, the list of the major donors and foundations that contributed to the project, prior to the community campaign kickoff.

Ada Kirven states that hundreds of people have made gifts and she is thankful for the support of local healthcare, and helping to expand to meet the needs of the community. There was 100% participation with the hospital and foundation boards giving to the project.

Richard Garber, co-chairman of the fundraising efforts for the Foundation stated that receiving funds from the SLIB due to Covid-19 with the vision of leadership to update the infrastructure on the 2nd and 3rd floors that really got the ball rolling. The community response has been tremendous, with people giving that had never contributed before. A truly amazing effort.

Dr. Doughty, co-chairman of the fundraising efforts for the Foundation states that it has been a wonderful experience. Mike states that we can personally thank Dr. Doughty for his outreach to the retired physicians in our community for their generous donations to the project.

The Foundation members present, Cody Sinclair, Ada Kirven, Dr. Doughty, Richard Garber, and Jasmine Slater presented a check to the hospital Board of Trustees for \$1.4M dollars.

The Foundation Golf Tournament is this Friday, July 2nd at the Powder Horn Golf Club. All proceeds will go to the Transitional Care Unit project as well. Mike reminded everyone that this is important to put into context. We could not do projects as this without the help of the Foundation and our community. We do not receive any federal, state, or county tax dollars. Mike thanked all for their ability to inspire our community members to help grow our hospital with a challenging future. Thanks to the Foundation to mobilize the project and the incredible gifts received.

BUILDING COMMITTEE REPORT

Rob Forister states that there are a few active projects besides the Transitional Care Unit, which is going well. The contractors had the forethought to order equipment and supplies in advance to take advantage of cost and long lead-time in receipt. We did a great job in choice of contractors to work with for the TCU Expansion project. Floor leveling has started today; walls will be in by the end of July.

The ENT office had an audiology suite built. This was an inexpensive project to install some walls and the

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audiologist will start seeing patients soon.

The Women's Physician Locker room is proceeding with drywall installation. Project should be complete in approximately eight weeks.

Cardiopulmonary Rehabilitation will look to refurbish the current employee fitness center for their needs with patients. To complete, approximately \$300K is needed for this project. Mike will bring forward the plans and budget to complete this projects scope at next months' meeting.

OTHER BUSINESS

None.

EXECUTIVE SESSION

David Smith motioned to move into Executive Session at 5:01 p.m. to address credentialing matters. Kevin Bailey seconded the motion. Motion Carried.

General session reconvened at 5:18 p.m. to address the medical staff credentialing. Please see above under the Medical Staff Report for action taken.

ADJOURNMENT

With no further matters to come before the board, the meeting adjourned at 5:19 p.m.

Patty Forister, Recorder

Shirley Coulter, Secretary